

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042034

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11008

STATE FILE NUMBER

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY **St. Louis, Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Length of stay in 1b
5 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Deaconess Hospital**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Festus Jefferson County**

c. CITY
OR
TOWN

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)
414 Holly Drive

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First
Mary

Middle
Agatha

Last
Shelley

4. DATE
OF
DEATH

Month
Nov.

Day
5,

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/23/23

9. AGE (last birthday)
40

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Herculaneum, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Webb B. Hill

13b. MOTHER'S MAIDEN NAME

Zeta Courtaway

14. NAME OF HUSBAND OR WIFE

T. Delno Shelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
B

17. INFORMANT
Delno Shelley,

Address
Festus, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Metastases

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinomatosis

DUE TO (c)

Cancer of the breast

170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rt Lymphoma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11/1/63** to **11/6/63** and last saw her alive on **11/5/63**.
Death occurred at **2:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Arthur J. Quin M.D.

22b. ADDRESS

8515 Delmar

22c. DATE SIGNED

11/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Fri. Nov. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

23d. LOCATION (City, town, or county)

Crystal City, Missouri

24. FUNERAL DIRECTOR

Vinyard Funeral Home, Festus, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

NOV 7 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.